

Key Informant Interim Report (n=16)
State Planning Grant on the Un-Insured
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Fifteen interviews have been conducted, with 11 in central and eastern Montana and 5 in Missoula. Those to be conducted in Great Falls and Helena and northwest Montana are still to be completed. It has also become apparent that more small or medium sized businesses need to be included as there have been unique responses to this group that are often at odds with those from other groups. Also it will be important to interview more key informants and organizations that represent populations traditionally without health insurance, particularly representatives of the farming and ranching sector.

A somewhat disjointed picture is emerging of differing perspectives dependant on the professional situation and ideological viewpoint of the interviewee. Most responses focusing on the problems, the ideas for solutions and current public and private programs are a reflection of the respondents' piece of the puzzle in this extraordinarily complex thing called health insurance. This seems to appear as a disconnect on the individual experts' level to the larger, more coherent approach needed for a systemic level solution and underlines the necessity for what is being done through the state planning grant.

All those interviewed were people with in depth knowledge about problems related to lack of health insurance. Following are some of the larger themes that emerged:

- Inherent to all interviews was that the current system(s) can not be “fixed”, and that the band aid solutions of the last 20 years are no longer going to hold together the patchwork systems offering categorical relief or temporary solutions, many of which are dependent on varying economic conditions.
- The vast majority of respondents identified some type of universal single-payer health system as the only long-term solution to the current crisis in the United States. However, most agreed to a sense of being overwhelmed as to how to a) change what we have now and b) how to pay for it. There was a sense of frustration among those who had years of experience with public insurance programs who had seen cycles of good times and bad times depending on politics and economics but which so often adversely affected the lives of those they serve.
- All respondents identified cost as the reason that people do not have health insurance or that businesses cannot offer it as a benefit. Even those coming from a traditionally anti-business perspective or those who might not have knowledge about the private sector all agreed that businesses are more and more being forced to drop good health plans because of what it costs them.

Some of the more detailed questions often elicited common responses from the 15 key informant interviews:

- The recent emphasis by the current Bush administration on expanding funding for Federal Qualified Community Health Centers was positively received, as these types of health centers are a good solution to providing health care to under- or uninsured people.
- Loss of the safety net for very low income people due to recent state cut backs has become a real problem.
- Lack of competition in the Montana insurance market is seen as a barrier to more insurance products being available.
- The “we take care of our own” theme within the Montana culture hinders people from seeking help or using the public insurance programs.
- Expansion of CHIP and an extension of a CHIP-type program to parents of children on CHIP were seen first on a wish list of ways to expand current programs.
- Lack of meeting oral and mental health care needs was identified as the major problem facing people without adequate health insurance. These problems, although preventable and treatable at a relatively low-cost, can escalate into high cost health care issues.
- Basic health package should include preventions, basic dental, mental health, and vision. Everyone struggles with how much major medical to include in the “best benefit package” scenario.